

Office of Certification and Professional Preparation Building 6, Suite 700 1900 Kanawha Boulevard, East Charleston, WV 25305 304-558-7010 01/09/2019

## **Applicant Information Page**

Date Received by County Board of Education:

Date Received by Institution of Higher Education:

Part 1 -Applicant Information						Part 2-Disclosure of Background Information				
Social Security Number  Last Name (If your name has changed si	Birth Date (MM-DD-YYYY)  First Name nce your last application, <b>proof</b> or				US Veteran or Spouse of Veteran  Name (Maiden) of marriage certificate, etc.)		If you answer yes to any question below, SUBMIT a narrative with your application. The narrative should include dates, locations, school systems, and all/any other information that explains the circumstance(s) in detail.	YES	NO	Documentation Attached
Street Address  Primary Phone  List the institutions	ry Phone Secondary Phone			State Zip Code  E-Mail  Are you currently employed by a West Virginia School System?  Do you currently hold a License to work in the public schools of West			1) Have you ever had adverse action taken against any application, certificate, or license in any state? Adverse action includes but is not limited to the following: letter of warning, reprimand, denial, suspension, revocation, voluntary surrender or cancellation.			
College/University	Degree	Date	Yes  If YES, please school s	No e indicate the system:	Do you currently hold a Lie work in the public school other state?  Yes No	cense to s of an-	2) Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?			
I swear or affirm under the pena	3) Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?									
that I am seeking or currently hol	ents, misrepresentations, or omission d.	ns of fact in or with thi		unds for denial, su	spension, or revocation of the i	license(s)	4) Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?			
Signature of Applicant  A non-refundable fee is required for each application. Please pay online at https://wveis.k12.wv.us/certpayment/. Applications attached:			Date Supporting documentation attached: (non-fee required Forms, e.g. Forms 4B, 7, V10, V16)				5) Have you ever been arrested, charged with, convicted of, or are currently under indictment for a felony? *			
Form # One may a		6) Have you ever been arrested, charged with or convicted of a misdemeanor? (For the purpose of this application, minor traffic violations should not be reported) Charges or								
One may access fingerprinting instructions at http://wvde.state.wv.us/certification/forms/fingerprints  I have previously received Certification in WV and understand that I do not need to re-submit my fingerprints.  I have never held WV Certification and will submit my fingerprints to L1 Solutions. All first-time applicants must have fingerprints processed by L-1 Solutions (L1enrollment.com). A fingerprint service code will be sent to your e-mail once the application is received.							convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported. *			
I certify that I have reviewed included documentation verification is of good moral chargement certification.	those that have been dismissed or expunge			ıding d: 1) Mag-						
Signature of Superintendent		County		Date						



REV20180701

Social Security Number:		
Last Name:	First Name:	MI:

## **Advanced Salary Classification Options Coursework to be Considered for Advanced Salary Classification** These salary classifications and the applicable coursework are List all courses below that are being claimed for the advanced salary level. defined in WVBE Policy 5202, §126-136-22. Official seal-bearing transcripts are required for all hours being claimed for salary. If you include undergraduate level hours, please note that those hours are limited to a maximum of fifteen (15) semester hours completed after the issuance of an initial WV professional teaching, Please check the appropriate degree or salary level: student support, or administrative certificate. All other hours claimed for salary must be **Associate Degree** appropriate graduate level hours. Please use an additional Form 12 page, if needed. **Bachelor Degree** Graduate/ Institution Dept. & Name of Course Hours Year Undergrad\* Course Comp. \*BA+15 G **MA Degree** G U \*MA+15 (Minimum 45 total hours) G U \*MA+30 (Minimum 60 total hours) G \*MA+45 (Minimum 75 total hours) G U G U **Doctorate Degree** G u **National Board for Professional Teaching** Standards (NBPTS board certification ONLY)— G U Salary Supplement—attach verification of NBPTS G certification and endorsement area -- County employment required. G U The hours /degree must be related to the public school program and/or to endorsement areas available for a WV Certificate. G U Transcripts submitted to the WVDE prior to January 1, 2003, must G be resubmitted to be considered for advanced salary applications. \*Advanced salary levels are available to those holding a WV Profes-G U sional Certificate. U I swear or affirm under the penalty of false swearing that all information provided in or with this application is true, correct, and complete to the best G U of my knowledge. I understand that any false statements, misrepresentations, or omissions of fact in or with this application are G U grounds for denial, suspension, or revocation of the license(s) that I am seeking or currently hold. G U G U **LIST TOTAL NUMBER OF HOURS Signature of Applicant Date CLAIMED FOR SALARY:**